# Novel Coronavirus (COVID-19)

## Healthcare Worker Physical Distancing in the Coronavirus Pandemic

The health system will have to make many adjustments to accommodate the coronavirus pandemic. There are a number of critical steps you can put in place to ensure the safety of your team and to maintain clinical services as much as possible.

### The key principles of physical distancing

- Rationalise patient contact to essential activities
- Restrict staff movement within and between hospitals
- Develop staff teams and minimise contact between teams
- Maximise every form of communication with exceedingly clear messaging

### Good infection prevention practices for all staff

- All clinical teams should have a zero-tolerance policy for 'presenteeism'; all staff should be told to remain home if unwell and return to work when their symptoms are resolved. 'Soldiering on' risks infecting other staff members and further depleting the workforce
- If you are coughing or sneezing
    - Should you be at home?
    - Cough into your elbow and wash your hands just in case
- Hand hygiene with alcohol-based hand sanitiser or soap and water.
- Reduce direct contact with other people – greet with a wave instead of a handshake or a hug
- Try to train yourself out of the habit of touching your face
- We probably touch our phones as much as/more than our face. Your mobile phone may be as dirty as your nose; clean this regularly with detergent wipes.
- Limit shared food in the workplace (wrapped chocolates over bagged lollies!)
- Although it is everyone's responsibility, designate a responsible person in the workplace/department for overseeing that soap, hand gel and towels are available and refilled
- Clean your workstation – especially if a shared one - with a detergent wipe, including mobile workstations for electronic medical record access ○ Don't take mobile workstations into rooms on droplet / contact precautions
- Avoid face-to-face gatherings for non-critical activities. Consider what would happen if your entire team was to get sick at the same time – how would clinical services be maintained?
- Non-essential educational sessions should be via videoconference only
- Training in critical hands-on skills should not include the entire team at the same time

## Segregation of teams where possible by:

- Minimising the number of practices that staff travel to either for consultation or for supervision of treatment.
- Separating out responsibilities for inpatients and outpatients and do not mix these teams where possible.
- Considering creating teams within the workplace that do not routinely mix and that share the load to add redundancy where possible.
- Identifying members of the team who can work remotely without compromise to quality of care

## Limiting transmission in the clinic/hospital by staff – everyday precautions to protect staff and the service.

- Comply with the national rules of the day regarding return from overseas destinations/ the need to self-isolate and COVID-19 testing of staff with upper respiratory symptoms.
- Reduce the number of outpatients attending for consultation. Identify patients who can safely be managed remotely via Telehealth.
- Avoid face to face clinical and non-essential meetings. Where required, these should take place by video or teleconference link.

*Source: Queensland Government, www.wqphn.com.au/uploads/COVID-19%20Documents/covid-19-healthcare-worker-distancing.pdf (May 2020)*